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# MENTAL HEALTH

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# MENTAL HEALTH

Editor: R. F. TREDGOLD, M.D., D.P.M.

PUBLISHED BY THE NATIONAL  
ASSOCIATION FOR MENTAL HEALTH

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*The Editor does not hold himself responsible for the opinions of Contributors*

## Everybody's Business?

For years the policy of this Association has been to arrange a subject of topical importance for our Annual Conference, and to invite to it speakers who can be relied upon to discuss—and stimulate discussion—on future progress.

The proceedings are generally reported (very briefly) in the national press at the time, and in full in a special report which appears inevitably much later.

This year, the subject "Everybody's Business" seems so important, and so urgent, that we are devoting this issue specially to the theme of the Conference, and hope it may appear relatively soon after the event. Moreover, since the sub-title was "Emerging Patterns for the Mental Health Services and the Public", and since separate sessions were devoted to "Integration", "Community Care" and "Public Attitudes", we have tried to emphasise these ideas by taking extracts from the various speeches and correlating them with each other and also with other views recently expressed elsewhere. We hope that the speakers themselves will forgive us if we have in any way confused their sense by taking their remarks out of context. (The full papers will, of course, be available in the Report of the Proceedings).

For the benefit of readers who were not able to get to the Conference, the list of speakers and subjects was as follows:—

### Thursday, 9th March

Morning :	Opening by the Minister of Health	
	Professor Neale : "Integration"	
	<i>In the Chair</i> : Leslie Farrer Brown, C.B.E.	
Afternoon :	Dr. W. W. Sargent	"Treatment in Hospital"
	Dr. S. Smith	
	Dr. W. A. Heaton-Ward	
	<i>In the Chair</i> : Kenneth Robinson, M.P.	

### Friday, 10th March

Morning :	Professor R. M. Titmuss	"Community Care— Fact or Fiction?"
	Dr. P. A. Tyser	
	Mr. M. A. Gillespie	
	<i>In the Chair</i> : Brian Inglis	
Afternoon :	The Rev. G. R. Dunstan	"Public Attitudes"
	Mary Grieve	
	Dr. J. P. Horder	
	Kenneth Robinson, M.P.	
	<i>In the Chair</i> : Mary Adams, O.B.E.	

### Community Care—Fact or Fiction?

As we all know, much of the progress planned under the Mental Health Act will depend for its success on the attitude of the local health authorities, and they in turn must depend both on the public opinion which influences their committee members and on financial grants from the Ministry to enable their plans to be put

into practice. The inadequacies in both fields have already been commented on in this Journal (Winter 1961). How serious they have been was very clearly stressed by Professor Titmuss. His remarks were pungent:

"It has been one of the more interesting characteristics of the English in recent years to employ idealistic terms to describe certain branches of public policy. The motives are no doubt well-intentioned; the terms so used express, in civilised phrases, the collective aspirations of those who aim to better the human condition. It is necessary to remember, however, that this practice can have unfortunate consequences. Public opinion—in which I include political opinion—may be misled or confused. If English social history is any guide, confusion has often been the mother of complacency. In the public mind, the aspirations of reformers are transmuted, by the touch of a phrase, into hard-won reality. What some hope will one day exist is suddenly thought by many to exist already. All kinds of wild and unlovely weeks are changed, by statutory magic and comforting appellation, into the most attractive flowers that bloom not just in the spring but all the year round.

"We are all familiar with that exotic hot-house climbing rose, 'The Welfare State', with its lovely hues of tender pink and blushing red, rampant and rampaging all over the place, often preventing people from 'standing on their own feet' in their own gardens. And what of that everlasting cottage-garden trailer 'Community Care'? Does it not conjure up a sense of warmth and human kindness, essentially personal and comforting, as loving as the wild flowers so enchantingly described by Lawrence in *Lady Chatterley's Lover*?

"I have tried and failed to discover in any precise form the social origins of the term 'Community Care'. In pursuing somewhat idly, this search, I was led to re-read the Report of the Committee on Social Workers in the Mental Health Services (the Mackintosh Report). In three months' time, I would remind you, we shall be celebrating the tenth birthday of the publication of the Report.\* What progress have we made since 1951 in working out, in terms of the medical, psychological, social and economic needs of the individual, the concept of community care? What does it mean to local councillors and officials, medical officers of health, general practitioners, mental welfare officers, social workers, disablement resettlement and employment officers, health visitors, probation officers, psychiatrists and many others? Beyond a few brave ventures, scattered up and down the country from Worthing to Nottingham, pioneered by statutory and voluntary bodies, one cannot find much evidence of attempts to hammer out the practice, as distinct from the theory, of community care for the mentally ill and subnormal."

\* Cmd. 8260, June 1951

Our readers may perhaps be so familiar with the pioneer ventures mentioned that they need to be reminded that they are still very rare and over most of the country, the answer to Professor Titmuss' question: "What progress have we made (since 1951) in working out what we mean by community care?" is probably "on paper a little—in practice rather less." Paper work may be necessary: it is dangerous if it misleads us into thinking it can ever replace people or money.

Yet many people have been so misled. Professor Titmuss comments :

"Institutional policies, both before and since the Mental Health Act of 1959, have, on the other hand and without a doubt, assumed that someone knows what it (community care) means. More and more people suffering from schizophrenia, depressive illnesses and other mental handicaps have been discharged from hospitals, not cured but symptom treated and labelled 'relieved'. More and more of the mentally subnormal have been placed under statutory supervision in the community. It is probably true to say that, relative to the numbers in institutions at a given point in time, there are more people with diagnosed mental illness or handicap of a severe or moderately severe character in the community today than there were in 1951 when the Mackintosh Report was published."

He goes on :

"We may pontificate about the philosophy of community care: we may feel righteous because we have a civilised Mental Health Act on the statute book; but unless we are prepared to examine at this level of concrete reality what we mean by community care, we are simply indulging in wishful thinking."

"To scatter the mentally ill in the community before we have made adequate provision for them is not a solution; in the long-run not even for H.M. Treasury. Considered only in financial terms, any savings from fewer hospital inpatients might well be offset several times by more expenditure on the police forces, on prisons and probation officers: more unemployment benefit masquerading as sickness benefit: more expenditure on drugs: more research to find out why crime is increasing."

The situation is more than dangerous : it does not simply mislead us into complacency and so into doing nothing. It has already misled us into action which will make proper community care much more difficult ever to carry out. In other words, certain bodies, perfectly well-intentioned, are creating a situation which will be quite impossible for the already overloaded social workers (of all kinds) to handle.

For there can be little doubt that one major reason why so little has been done by the professions listed above by Professor Titmuss—his "local councillors and officers, medical officers of health, general practitioners . . . psychiatrists", and in fact all social workers, is that they already have had too much to do. To give them more to do will mean that they can do less : their efficiency will drop : their frustration and illness increase. And this is unfortunately just what has been happening.

Dr. Tyser voices the fears of a medical officer of health :

"There is no disguising the fact that many elected representatives of the local health authorities have the feeling that the hospital services are unloading upon them some duties for which they should continue to be responsible. Likewise, the hospitals, with their difficulties of finding adequate medical and nursing staff (particularly), are only too anxious that their expensive forms of care should not be misused."

It was into this situation that the Minister threw his somewhat startling announcement that in the next 15 years mental hospitals would be diminished by some 75,000 beds. He proposed to launch an attack on these institutions:

"Isolated, majestic, impersonal, brooded over by the gigantic water tower and chimney combined . . . the asylums which our forefathers built with such immense solidity. . . . Let me describe some of the defences which we have to storm."

Mr. Powell went on to analyse with some insight what the resistances would be—the solidity of the buildings and, stronger still, the attitude of many devoted men and women who had laboured so hard, so long and so successfully to improve their standards.

"From such bodies it demands no mean moral effort to recognise that the institutions themselves are doomed. It would be more than flesh and blood to expect them to take the initiative in planning their own abolition, to be the first to set the torch to the funeral pyre."

Readers of this Journal will not accuse us of being conservative defenders of out-of-date mental hospitals; indeed, the Minister's comment on the funeral pyre recalls a remark made recently that many mental hospitals would do well to celebrate their centenaries by a sizeable fire. We have, moreover, always tried to encourage the principles of community care, and to stimulate all sorts of extra-mural activities by hospitals staff. We can therefore be glad that the Minister's ideas are in the same direction. But we must sound a note of caution before they become *practice*, and ask some questions.

Who is to translate Mr. Powell's ideas into action? And if the patients are not to be in hospitals in 15 years' time, who is to look after them? And what needs doing now? Mrs. Braddock at once rightly asked if we could not do more for the patients now in hospital even while we are planning for what may happen in 15 years.

The questions are vital to answer, or the Minister's proposals may do less good than harm, by undermining the confidence and enthusiasm of the mental hospital staff—who have already achieved so much—and leaving many patients, in Professor Titmuss' phrase, being looked after by those who don't want to, or know how to, instead of those who do (and know how). It depends on what sort of transition can be effected, whether the result will be smooth or chaotic, and resemble Ghana or the Congo.

### THE PRESENT RESOURCES

What are the resources that exist at present in money and staff? How ready are the staff that do exist?

Professor Titmuss had something to say on the question of cost:

"If we are expected to take these official statements of intention seriously, then I would plead for three acts of policy as an assurance that we really mean business in the immediate development of community care: first, a specific earmarked grant to local authorities for community care services for the mentally ill and

subnormal of £10,000,000 for 1961-62: second, central government grants for all social work students and training courses (irrespective of speciality) in the universities and technical colleges and the establishment of courses in fifteen of these colleges by October 1962: third, a Royal Commission on the recruitment and training of doctors with special reference to the need for education in social and psychological medicine."

These questions on finance are a direct challenge to the Minister of Health. Mr. Enoch Powell had already said in the course of his address:

"It would be quite unrealistic to state what is intended, and what is not intended, by way of hospital provision in the 1970s and not to spell out with as much precision and detail as is practicable all that this implies in terms of care outside the hospital service. I will go so far as to say that a hospital plan makes no sense unless the medical profession outside the hospital service will be able progressively to accept responsibility for more and more of that care of patients which to-day is given inside the hospitals. It makes no sense therefore, unless the medical profession outside the hospital service can be supported in this task by a whole new development of the local authority services for the old, for the sick and for the mentally ill and mentally subnormal."

To the Conference audience it seemed something of a pity that Mr. Powell did not then go on to spell it out. It is true he did say:

"What I believe is urgent, is a much clearer and more definite statement than we yet possess, of the need and the provision for it, at which local authorities are aiming. In fact, the community counterpart of the long-term hospital plan ought to be as effective a formative and driving influence outside the hospital service as the hospital plan itself is inside."

"Its influence should also be felt upon the other element in the local authority services, the human factor. In the last resort, it is the consciousness of a great and expanding task to be performed, of a great service which is destined to develop in the coming decade, which alone will secure the flow of personnel into community care. Here also is a region as yet but partially mapped. In this year, 1961, we intend to erect the initial scaffolding of a professional training of other elements in the staff of the community services. But it is the pull exerted by an evident demand and a conscious purpose which alone, will ensure that the training courses are filled and that the establishments are staffed."

But the detail was not there—and as we have pointed out before in this Journal, the local health authorities' schemes are far too vague, and some hold this due to a lack of leadership by the Ministry. Mr. Powell was criticised for this, and we are glad to say that he later provided more information, when he spoke, the following week (March 15th) to a conference of local welfare authorities:

"I see that I have been taken to task in some quarters for omitting the necessary corollary to this brave ambition of abolishing the mental hospitals as we have inherited them from the past. That necessary corollary is that the provision made outside the hospitals for the mentally ill and the mentally subnormal must be adequate and adequately planned for. Now, to whatever other charges I may need to plead guilty, I am innocent on this one."

He went on to discuss what the "twin services of local health and local welfare" had done—in geriatrics, in residential homes, in the care of the handicapped, in aids to daily living—and finally promised that the loans to these twin services would total £15 million in this year and £20 million in 1962—"rather more than half as large as the corresponding capital expenditure on the hospital service itself." This is most encouraging.

### **The Staff**

So much for the cost. What of the people? There is little doubt that there are too few people in the field. The present shortage causes Dr. Tyser considerable concern:

"We talk glibly of building accommodation for the mentally ill, mentally subnormal and severely subnormal. We speak of hostels and training centres. Some of us are extremely concerned about where we are going to get the staff to run the accommodation when we have it, and it may well be that in this context we are presented with a 'hen-egg-egg-hen' problem. We require social workers, wardens or house mothers and fathers for hostels, trained staff for training centres, home teachers—to mention some of the categories, I have not touched on the question of psychiatrists, psychologists and nurses on the one hand, and cooks, cleaners and boiler men on the other: nor on the better training of doctors in psychology.

"I would suggest therefore that whilst authorities are considering their building programmes and all the difficulties inherent in eventually getting a building under way, they should be paying attention to the staff they will require, and where necessary and where possible, arranging for such staff to be trained and available when they will be needed. I think that without doubt, this is the first and most important priority of all, because without adequate staff the buildings will be white elephants."

Dr. Heaton-Ward brought to light the crying needs of mental deficiency hospitals:

"The national average is one consultant to approximately 700 patients. This number is deplorably bad, but in some regions consultants have more than twice this number under their care."

He also pointed out that even where new treatment was possible by drugs it was inseparable from training and that occupational and industrial therapy badly needed developing too. The need here is clearly enormous.

### **The Mental Welfare Officer**

In any transfer of patients to the community, this officer's work is vital. Mr. Gillespie described it:

A closer look at the daily work of a Mental Welfare Officer will, I believe, help us in assessing whether there is a need for training as well as experience.

We can divide our main work into three categories.

Firstly, the short-term case which often arises in an emergency and usually involves an admission to hospital. In this situation the Mental Welfare Officer often has to advise and act in his role of a statutory officer as well as a social worker, the two roles being very closely linked. This situation may develop into a long term case, one of only a few weeks' duration, or even a case which as far as

the Mental Welfare Officer is concerned ends when the patient has been admitted to hospital. With modern methods of treatment and particularly modern drugs available to the General Practitioners it is now less likely that patients who are mentally ill become so acutely disturbed that they require immediate admission when first seen. Often it is only after attempts have been made to treat the patient in his own home, through the general practitioner and psychiatric out-patient clinics, prove unsuccessful that an admission is eventually arranged. One way of assessing the extent to which the three branches of the health service are working together is the frequency or infrequency of emergencies arising where an acutely disturbed patient has progressed to the point when immediate admission to hospital is necessary. But there is no way of ensuring that emergencies will not arise from time to time and a Mental Welfare Officer is expected to be available to offer assistance and advice when appropriate. When this happens the Mental Welfare Officer is often the person to whom both the patient and his family turn for reassurance and help. Although the general practitioner has medical responsibility to his patient he may be unfamiliar with the resources available to him and turn to the Mental Welfare Officer for information. This is particularly true at the present time when there are new procedures involving compulsory powers.

The second category of work are those cases involving social work for the patient and his family over a limited period of time. The aim is to provide support in a situation which is outside the family's normal experience and one where they have found themselves unable to cope successfully. Once the crisis is over and an equilibrium is restored it is often possible and right that the Mental Welfare Officer ceases to be involved.

The third category is the long term case which goes on indefinitely; often involving a patient who is subnormal or severely subnormal, or who has passed through an acute stage of mental breakdown but is still disabled by it. This last represents currently a large proportion of our work.

There are of course other ways in which a Mental Welfare Officer fills his day, but these three categories represent largely the ways in which we come into contact with patients and their families. In each situation he has a different role to play. In the first—emergency—situation he has to make decisions and form impressions based on no previous knowledge and often with little time to consider. The way in which he responds to the demands made upon him in a time of crisis may affect his future dealings with the family and the individual patient.

In the second category of short-term cases the Mental Welfare Officer should have a plan of campaign based on the circumstances of the patient and his family and community setting. He will often be working as a member of a team and should be in a position to revise his plans if the situation requires it.

In the third long-term category the Mental Welfare Officer has often to confine himself to supporting the patient and family indefinitely. He may not expect to arrive at a point when he can withdraw and leave them to their own devices.

Like the doctors, the welfare officer is under enormous pressure. Mr. Gillespie emphasised this:

The demands made upon a Mental Welfare Officer are great; and it is often only possible to do the most immediate and pressing work. Hopes of planning a week are shattered by emergencies, and



plans to assist a patient by regular visiting on a weekly basis are frustrated by pressure of work. In these circumstances one sometimes wonders whether there is any point in having a training which teaches the value of forming relationships with the patient and others in order to support them through a difficult period. Of course this happens whether a Mental Welfare Officer is trained or untrained, but I remain convinced of the value of training. It has helped me to be objective about my work, to be realistic about what is possible in any given situation, and on occasions, to have some insight into why I act in a particular way, rather than leaving it all to instinct. This does not necessarily make me a better social-worker than my colleagues who have reached the same point though innate ability and experience. If, however, we are to establish a Community Service based on Local Health Authorities then there is in my opinion an urgent and pressing need to provide training facilities for those who are doing the social work.

As to the problem of pressure of work. This can be most frustrating and lead to bad habits. I am not entirely convinced that the answer lies purely in providing more and more field staff, although if the current trend continues we shall certainly need more people. What is also needed is perhaps a more efficient use of field work resources, and practical recognition by every branch of the health service that Community Care is essentially a team-work activity and none of us will succeed by working in isolation.

Dr. Tyser has mentioned the dreaded and overworked word co-operation. To me this is best achieved by personal contact. So much more is understood if you know personally the one with whom you are presumed to be co-operating. I think there is a case for joint appointments on health committees and hospital management committees, not only of lay voluntary members, but of officials and administrators who are largely responsible for initiating policy.

On the question of staff, the Minister had also something to say in his speech of March 15th :

"I do not believe money is at this moment the effective limitation on what we can do: the effective limitation is the availability of staff in the necessary numbers and training."

"Whatever share of the available talent we can secure for the health and welfare services, we must get the utmost value out of that share, by training and by organisation: and it is in this context that I see the Younghusband Report and all that will flow from it. It ought to result in the most economical and effective use of staff, based upon a system of broad professional training."

This is encouraging, for no increase of staff will be any use unless they are adequately trained. Before any expansion is planned we must therefore ensure that proper training is available: for there is grave criticism of most of the workers in the field. Many of the professions already facing this problem have had far too little, or no, appropriate training, and the most notable example here is that of the general practitioner. He, or she, is of course not the only one. Let us hear some of the comments on this subject. The Mackintosh Report itself deserves first place, and Professor Titmuss in his Conference speech selected one revealing comment :

"The scope of the mental health services in this country has been greatly enlarged in recent years with the result that there has been a progressive increase in the demand from employing authorities for the service of mental health workers.

"The representatives of those employing authorities concur with our other witnesses in reporting an acute shortage of *trained* social workers in every branch of the mental health services. One local authority after another has stated that no applications have been received in response to repeated advertisements for psychiatric social workers; some authorities have resorted to making appointments of partly trained or untrained workers, while others have been obliged to leave posts vacant for long periods. The number of social workers who have qualified by completing the mental health course is exceedingly small in relation to the demand; indeed, some authorities report that they are finding difficulty in securing even the services of untrained workers in mental health."

The Ministry of Health, in its Report for 1950/51 welcomed the Mackintosh recommendations. But no action followed. However, Mr. Powell in his speech to local welfare authorities, went on to announce the formation of two new courses for the training of social workers, and health visitors respectively, with Sir John Wolfenden as chairman of both. Moreover, the Nuffield Foundation is to establish a staff college and study centre for social work (described in more detail on page 18 of this issue). The Minister ended up by saying:

"In the health and welfare services we are finding the secret more and more of handling people as individuals according to their own peculiar needs. This must, wherever it is possible, be right. When over the coming decades we together—the National Health Service and the local authorities—alter the pattern of hospital provision by the development of community care, we shall not only be bringing our organisation into accord with the best that the knowledge and practice of modern medicine have to offer; we shall also be realising a system which is better than that which exists to-day because it will be more human."

All this is encouraging, but we must realise there must still be a time lag before social workers "roll off the stocks" ready for work.

### **General Practitioner as the king pin**

Meanwhile who is to bear the brunt. Are the general practitioners competent to do so? Professor Titmuss is not optimistic:

"The reform of medical education has for long been debated. I doubt whether much will be achieved until we have had a Royal Commission. At present, we are drifting into a situation in which, by shifting the emphasis from the institution to the community—a trend which in principle and with qualifications we all applaud—we are transferring the care of the mentally ill from trained staff to untrained or ill-equipped staff or no staff at all."

At the same time, Mr. Kenneth Robinson, in the House of Commons, has been demanding better education in psychiatry at universities. All teachers of psychiatry in the medical schools would welcome more time being given to the subject in the students' curriculum and would be glad of a further study of the problem by any body. They would probably accept the views put forward above as fair criticisms and not feel there is any cause for complacency here. None the less—as an article published in our last

issue on training showed—the general practitioner who was trained since the war has had considerably more psychiatry in his training :

Dr. Sargant also spoke firmly on this :

"Now Dr. Russell Barton has in fact criticised the teaching of students in the general teaching hospitals. I can only tell him that at St. Thomas's, students now get six weeks to two whole months doing full time psychiatry, and do have an opportunity of learning all about these treatments, how to use them, and how to diagnose suitable patients. That is, they are now getting an adequate time at full-time psychiatric treatment."

It seems possible that the need is not now for vast improvements in undergraduate teaching but for post-graduate education to fill the gaps (or one wide gap) in the knowledge of psychiatry possessed by those—still by far the majority—who trained before and during the war.

The National Association for Mental Health, amongst other bodies, runs refresher courses in psychiatry for general practitioners and the courses run by the British Post-graduate School include the subject. But this is only a drop in the ocean, and a very great deal more needs to be done if the doctors are now to provide the service required.

Far too little attention has been paid to this. Professor Titmuss' comment quoted above ("transferring patients from the care of those trained to the care of the untrained") is all too true. And the results will be catastrophic in their effects unless general practitioners are given some help *now* in learning psychiatry. How many, at present, will or can go on refresher courses in London? Yet if patients are discharged to the care of doctors who were taught nothing about psychiatry except to despise it, they and their doctors equally will come to grief—if not to blows.

We suggest this needs the most urgent action. The Ministry must encourage and if need be give financial support to the Regional Boards, teaching hospitals and local mental hospitals to organise accessible courses as soon as possible. This is essential before there can be any adequate service of care and simple treatment available from the general practitioners.

A Royal Commission, as advocated, may be all very well. But Royal Commissions are slow and changes in training inevitably take time before they exert much effect on the patient. There will be few results in the 15 years when so many patients are to come into the community. Extra education is wanted *now*, and the major force in providing it must inevitably (from their numbers) be the staffs of the mental hospitals in each area—whom Mr. Powell may well have shaken rather badly by threatening their interest, their privilege and their homes.

A lead here is wanted—and some finance will be wanted too—to plan a nation wide campaign of improvement in psychiatric education of those who are now general practitioners (and of course of

all others involved in social work): and every one concerned in teaching hospitals and mental hospitals will have a part to play. Let Mr. Powell build this up before he burns down what we have (even if it is often inadequate).

### Positive Progress

But elsewhere in the Conference, examples were being given of what can be done in education by ordinary day-to-day work. Dr. Sargent's account of a psychiatric unit in a general hospital revealed the opportunities for better collaboration of all branches of medicine through this two-way contact. As he said:

"I think it important that we do see this struggle for domination between the healers of the body and healers of the mind in its true perspective, because it has really been going on for centuries now, and so-called psychomatic concepts of disease are certainly nothing new in the history of medicine.

"Actually, I think it may well turn out that it is only the recent development of simple and really effective physical methods of treatment in psychiatry—even though many of these are empirical, as in general medicine, and we do not really know how they work—that is going to lead to and at last make possible, a reconciliation between general medicine and psychiatry, and provide the possibility that psychiatric in-patient treatment units, and also properly run out-patient treatment departments, will at last become an acceptable part of general medicine and the ordinary general hospital.

"In fact, one of the things I hope to show today is the very great change that has come over the possibilities of psychiatric treatment in general hospitals with the development of all the new physical methods of treatment, and the fact that, as a consequence, so many more patients can now be helped in a really practical and efficient manner compared with the days when I personally entered psychiatry, and when all we really had to help our patients then were the social and psychotherapeutic treatments developed by Freud, Adler and Jung, and were so much better known to members of this Association. In fact, I think we have emphasised psychotherapeutic treatment too much, and I have stressed other forms of treatment.

"Thus, when I returned from a year spent in America in 1947-48, to take up my post at St. Thomas's . . . the first thing that seemed necessary was to try and get the Out-Patient Department, as it existed then, much better integrated as far as diagnostic psychotherapeutic and supportive treatment were concerned, with the other general medical out-patient departments. Up to then, psychiatric patients had tended to be deliberately treated somewhat differently from the rest by what was called a special "human approach" by my great predecessor, Dr. Henry Yellowlees, whose writings and lectures have influenced so many people in our speciality. It was now arranged, however, that psychiatric patients were to be seen and treated in the same medical out-patient department and in exactly the same surroundings as all other patients, and were to be handled in waiting-rooms, etc., in all respects as were all the other medical and surgical out-patients in a general teaching hospital. This has proved very successful indeed.

"Now, one of the main drawbacks of concentrating too much on individual psychotherapy and allied supportive psychological treatments, even in the neuroses, and even where they work, is that it can still mean that virtually 90% of all those seeking help cannot obtain it because of the time, cost, and the enormous number of psychiatrists which would be needed to give such specialised and individual forms of psychological treatment. And group psychotherapy, I think, can still be something like sending children to Sunday School: it helps a few quite a lot but it mainly keeps the rest out of mischief.

"At any rate, it may surprise you to learn of the numbers of patients and the variety of types of treatment that we have now been able to provide on a purely out-patient basis in this treatment unit at St. Thomas's in the past twelve years, using quite a small amount of ordinary basement hospital space available, such as is possibly knocking about in many hospitals in London if we had the imagination to use it, and a comparatively limited amount of expert psychiatric help considering all the work done. For instance, last year, our out-patient attendances numbered over 17,000. Of these, 10,000 were attendances at the special out-patient treatment unit in "Scutari", where electro-shock therapy, modified insulin treatment, methedrine treatment, abreactive treatments using ether and pentothal, acetylcholine shock therapy, and the new drug treatment of depression were all used. And all this work was achieved by a comparatively small medical and nursing staff considering the very large numbers involved. . . .

"And what is so important for the psychiatric patient, these closer contacts with general medicine and general hospitals should help to foster a demand for entirely new standards of treatment for the mentally ill, much more similar to those now provided and thought absolutely essential for the physically ill in England today. And all this should, in turn, help to diminish still further the terrible suffering that mental illness still unfortunately brings to so many people and so many families in so many parts of England today, often because in the past I think we have so often shown too little imagination, too little enterprise and inventiveness where necessary in planning the proper treatment facilities for our mentally ill."

Dr. Smith's description of the remarkable changes he has achieved in his own mental hospital show how patients can be successfully re-integrated into the community and how general practitioners can learn from the hospital. This is most careful, well-planned and painstaking work. As Dr. Smith put it:

"In response to this emerging picture we decided to make full use of our accommodation, nursing staff and ancillary services, and at the same time cater for a definite need in the community. This became the nexus of the whole plan. We are trying to cater for needs that we believe have been apparent and known for some time and in this we don't think we are trying to revive a corpse or shore up, for specious reasons, buildings which ought to have come down.

"In a word, we tried to form a Comprehensive Hospital in our own mental hospital, based on McKeown's work in Birmingham."

and again

"In short, instead of forming psychiatric admission units in general hospitals, we have taken the obverse of the coin and in a rather loose way, have formed our own admission unit in a mental

hospital, letting other parts of the hospital go to other pressing needs and demands. They formed a psychiatric unit out of part of a general hospital; we are in reality forming a type of general hospital out of part of a mental hospital. At the same time we closely approximate to the ideas proposed by Louis Minski in 1954, in that we have our acute psychiatric unit with day care facilities, and our long-stay mental patients for whom the emphasis must be on habit training, occupational therapy, and if possible, research."

### **The Community**

What can be done to educate the community to avoid illness and promote health?

Professor Neale's comments are outspoken and his analysis of the present situation condemnatory :

"Unfortunately, ignorance, fears and prejudices still impede the early recognition or referral of many neurotic patients. This is also true for many emotionally disturbed children. Hope lies in increasing the emphasis on these matters in medical education."

He goes on :

"There is need for a sounder knowledge of the acceptable ranges of the normal in infant and child development, particularly in respect of behaviour. Parents, or others may try to make children conform to unsuitable patterns and so actually create conflicts and behaviour problems. In this there is a big educational preventive field. Unfortunately, today, so much time has to be taken up with therapeutic work to the detriment of concentration on the earlier preventive aspects. Increased facilities and staff for preventive mental health would be welcomed by the public. The best arrangements are, of course, through individual and personal approach, although certain forms of group activities may form a proper background for mental health education.

"The recent Mental Health Year (1960) initiated many lectures and discussions on psychiatry and on mental health in persons, families and communities. Observations came from all over the world. Professor Tsung-Yi Lin of Formosa noted a clear perception of the changing attitude and method towards the urgent need for the medical student to obtain sound education in mental health, a 'programme which may, and will, change in accordance with the scientific evolution and the needs and resources of the time.' Surveys in Formosa have yielded (as an example in community study) a clear picture of the prevalence of mental disorders and ways in which a great majority of the patients could be cared for in their homes. This has caused Professor Tsung-Yi Lin and his departmental team to place more emphasis on the need not to concentrate only upon the training of a small number of specialists in mental disease, but to guide all future doctors in understanding and forwarding the mental health programmes and to instruct them to treat mild psychiatric problems competently, the teaching of the matter being 'as a part of the basic philosophy of medical education in presenting the concepts of man as a bio-psycho-social unit and of sound doctor-patient relationships.'

"There are many practical inter-relations of those interested in social psychology and psychiatry. For instance, a teacher has a remarkable responsibility when it is noted that a child from the

ages of 5 to 15 years spends 13,000 hours in school classes. However, we should not be over-concerned who plays dominant parts in the work for mental health—parents, teachers, psychologists, social workers and doctors all have a significant place in the teams. No one could make a greater contribution to the mental health of the community than the family doctor: he is there in the home and knows the family groups and their individual capacities for coping with themselves and their lot."

Here again we have come back to the general practitioner as the centre piece.

### Present Attitudes

The last session of the Conference took the unusual form of a recording of various voices, quoting typical opinions and prejudices, which were then discussed by a panel. Some of the phrases will show the need for educating public opinion:

"There ought to be proper places. Somebody's got to look after them. It's a welfare state, isn't it?"

"They're too keen on whipping people into hospital, if you ask me."

"Then there's the shame to your family."

"Embarrassment, anyhow."

"It's a sort of stigma."

"But if you go to a psychiatrist, where are you? They just psychoanalyse you for years."

"If they send you to one of those places, you don't know what they're going to do with you."

"They experiment on you."

"They give you shocks."

"What I'm afraid of is that the new psychiatric wards of the general hospitals will take the more hopeful cases, and the mental hospitals will simply become dumping grounds for chronics."

"I wouldn't encourage my girls to go in for mental nursing—it can't be a very happy atmosphere."

"Hopes of having a seaside home for mentally handicapped children at Bognor Regis, Sussex, have been dashed because two private schools in the town think the children would be undesirable neighbours, the Chairman of the Planning Committee said." *Daily Express*, 30th January, 1961.

"I don't want anyone to feel that we are being unsympathetic. There are other properties in the town much more suitable."

"The local authorities should be more positive about it."

"They're not really tackling the problem."

"We're doing as much as we can afford."

"What about discharged mental patients who haven't got families?"

"There are hostels."

"One might do a lot of good. If I was coming back after a breakdown, I'd be glad of a helping hand."

"I shouldn't have thought it, in these days, when you learn about it on television."

"And you read in the papers."

"They have quite sensible articles in magazines."

## The Press

Some valuable discussion followed these last comments, and Miss Mary Grieve spoke from her professional experience as the Editor of a popular woman's magazine:

"Equally fundamental to the problem is family shame and embarrassment for a mentally ill member, closely allied to a haunting terror that mental ill health or instability is hereditary. These feelings were deeply felt, if poorly understood, in the public mind, and consequently approach to the problem was handicapped by very mixed emotions. In that state everyone much prefers to evade than come to terms with the problem which causes feelings of shame, irritation or fear.

"The Conference theme has bravely been made 'Everybody's Business', and I hope I shall not be thought unsympathetic, or wishing to pour cold water on the efforts being made in saying that this seems a declaration of hope rather than a fact."

Speaking of an article on mental ill-health published in her own magazine she went on to say:

"The magazine has a large circulation, and even larger readership—say, 10 million weekly, in a population of some 50 million. Their policy is deliberately to sustain in the readership a sense of self-awareness, so that readers think about themselves when reading it.

"My audience will know better than I how many people in any 10 million in Britain would themselves have experienced mental ill health or come up against it in relations or friends with whom they are closely concerned.

"The article was treated in exactly the same way as any other dealing with a major cause of unhappiness would have been—loneliness, sterility, sexual maladjustment or pain at childbirth. It was published on February 25th with a direct invitation to readers to write in on any aspect of the new Mental Health Act, or about their own experiences of it which they wished to communicate. Normally articles of this type, on subjects known to strongly affect in one way or another, many people, brought in an enormous mail. The Health Editor might receive thousands of letters following an article on a specific subject, such as pregnancy: hundreds after one on sexual maladjustment, and a few hundred on sterility. But the response to this article on Mental Ill Health, was 13 letters of which four were from people working in that field."

"Delegates can interpret that further than I can, and I do not know what to suggest. It looks as if a very great number of readers, on seeing the title, had simply turned the page. Whatever discussion the Conference embarked on at this session, I feel the first thing to be done is to try to discover, and recognize, the deep desire in ordinary people—to avoid the subject altogether."

Mr. Dunstan confirmed this:

"... Public attitudes of guilt, fear, ignorance and a sense of impotence, must be taken seriously. These attitudes could not be demolished by the sort of machinery apparently being mustered ministerially for the demolition of the monumental mental hospitals. It could only be achieved by methods of fundamental personal education, emotional and intellectual. Such education was necessarily partly gained by experience—learning new attitudes by living and working among people working in the world of mental health, and taking part in the work of the caring community. The



term 'Caring Community' might be held to mean less reliance on specialist help for the mentally sick, less reliance on trained, experienced mental nurses, mental hospitals and trained mental welfare or other social workers. Such a concept was alien to his thought; he was certain the whole concept of community care depended more upon specialist help rather than less."

In the light of this, an advertisement of an article in *Time and Tide* showing a frightening picture over the caption "Ten to One you will go Mad", came in for criticism. (It comes in for more elsewhere in this issue.)

Dr. Berger explained this:

"Regarding the press, he thought they catered for that degree of violence and irrationality which existed in everyone in a repressed and unfulfilled form. He agreed it could best be dealt with as suggested."

Miss Grieve defended her profession nobly:

"It was true that over the past years some sections of the press had given much prominence to tragic incidents arising out of some form of mental ill health or instability. To be fair, even to that branch of the press, with which she was not associated, she did not personally believe it had fostered that interest."

"Consequently the public have become morbidly excited about this kind of story given them by the sensational press to supply a very ready market. In these highly competitive days for circulation that was a field in which sales were made, but the press did not make the field."

Mr. Kenneth Robinson observed pertinently that there was:

"... a great public appetite for pornography, but the newspapers and press in Britain gratified it only within strict limitations because of the laws against it. He asked pertinently if it was really to be assumed that if an undesirable, unhealthy public appetite existed, then the press was constrained to satisfy it unless prevented by law? That was a deplorable conclusion."

Indeed it is: and it must be felt a hopeless task to try and educate public attitudes towards a greater understanding of mental illness, unless the press wholeheartedly co-operates and abstains from sensation-mongering. Is this too much to hope?

### The General Practitioner again

And finally, more of the general practitioner. Dr. Horder stressed his difficulties in time and pressure of work, and ended up by saying:

"Personally he thought the greatest need was for an increase in the post-graduate period, when most could be learned about it, as students could only take it up to a certain point—though that might well be further than at present. He was not sure how increased time to students could be used, and thought perhaps more important was the attitude of all the teachers towards it. He thought things had improved in the past ten years, but could still do so. Ten years ago he thought it fair to say students approached their clinical course with a real interest in the subject, but that it was somehow discouraged. They were made to feel it was unscientific, and a bit queer perhaps; certainly interest was not given enough encouragement. What was needed was a changed attitude on the part not only of psychiatric teachers, but by surgeons, gynaecologists, and all teaching staff."

The last remark that the doctor would say the patient was 'making a fuss', of course stemmed directly from the attitude acquired by students during their undergraduate training.

He also made two very important points:

"One, people liaising should know each other as faces, rather than just names or voices. Two, the first person taking up a case should retain a measure of responsibility in it. This was often, but not invariably, the general practitioner. Otherwise it was too easy where so many workers were involved for the responsibility to drop between them, and this was one of the commonest ways in which cases went wrong today."

Mr. Robinson ended sadly:

"The general practitioner who takes the civilized enlightened view of Doctor Horder is still an exception."

## Training for Social Workers

### *The Younghusband Report—First Fruits*

On March 10th, the long-awaited news of action by the Ministry of Health in implementing the recommendations of the Working Party on Social Workers in the Local Authority Health and Welfare Services, which—it will be remembered was published in the spring of 1959—was announced in a Circular (No. 10/61) issued to Local Health and Welfare Authorities.

Having completed consultations with local authorities and interested organisations, the Minister and the Secretary of State for Scotland, state that the recommendations have been accepted and that it is proposed to introduce legislation to establish a National Council for Social Work Training with a separate but associated Council for the Training of Health Visitors.

"to foster the development of training arrangements and to award certificates to those who successfully complete a course of the appropriate standard."

Sir John Wolfenden has accepted the post of Chairman of both these Councils. This is good news so far as it goes, but we regret the delay in introducing the legislation necessary for the implementation of this decision. Although last July it was stated in a written answer to a question in the House that legislation was to be introduced, on December 12th the Report was again brought before the notice of the Minister by Mr. Kenneth Robinson who asked whether the recommendation concerning financial assistance from central government funds for the training of social workers was to be accepted.

The Circular states that, pending the formation of the new Council, it has been agreed with the Ministry of Education that the Working Party's recommendation for the provision of new courses of general social work training should be implemented, and

that in advance of legislation, three such courses of two years each have been planned—to be held in London (North Western Polytechnic, Birmingham (College of Commerce) and Liverpool (College of Commerce). They are to begin in September 1961 and will be run on lines which will it possible for the National Council, when set up, to recognise them as leading to its certificate. It is suggested that Local Authorities should at once make enquiries about vacancies for officers they wish to second, as applications must be received not later than May 1st.

Later paragraphs of the Circular deal with other recommendations of the Working Party and the steps which the Minister hopes will be taken by Local Authorities, referring particularly to possible reorganisation of services and directions in which combination of functions may be feasible. We regret, in this connection, that Authorities are not at the same time urged to offer to take a share in providing facilities for practical training as and when opportunity arises. Nor are they reminded that this, if arranged, will involve the release of senior staff from other duties in order to give them adequate time for systematic teaching of students.

The part which may be played by the new category of "Welfare Assistants", after a period of 6 to 8 weeks in-service training, and at the other end of the scale, the hope is expressed that Authorities who employ fully trained professional social workers will ensure that they are used only for duties making full use of their qualifications.

Finally attention is drawn to the need for proper record keeping and filing of confidential case-papers—matters described as "being of the utmost importance, not only as safeguarding the peace of mind of the individuals concerned but also as affecting the reputation of social work".

#### *National Institute for Social Work*

The decision of the Nuffield Foundation and the Joseph Rowntree Memorial Trust to set aside a sum of £250,000 for the purpose of financing for ten years a National Institute for Social Work is referred to in our article on the N.A.M.H. Conference (p. 10). The chief functions of the Institute, as envisaged by the Working Party and noted in the Foundation's 15th Annual Report, will be to act as a centre for the discussion of policy and practice, to develop research experiment and demonstration in social work training, and to hold refresher courses at an advanced level.

This decision was announced in the press on December 30th and we eagerly await further developments.

After the long period of stagnation from which the training of social workers, particularly of those in the mental health field, has suffered, the stirring of the still waters has indeed begun, and the future seems, at last, to be rich with promise.

## Parliament, Press and Broadcasting

### PARLIAMENT

#### *Abortion Law*

Mr. Kenneth Robinson's Medical Termination of Pregnancy Bill was given a second reading on February 10th but was talked out. (We hope to discuss this particular problem at some length in a future issue.)

#### *Housing for the Elderly*

Mr. Gordon Matthews, introducing a debate on March 3rd, stressed the need for special provision for the mentally infirm and praised the work done by voluntary bodies, particularly by the National Association for Mental Health.

#### *Medical Research Council*

On February 8th, the Minister of Health announced the composition of the new Committees on Clinical Psychiatry and on the Epidemiology of Mental Disorders under the chairmanship respectively of Professor Sir George Pickering and Professor Sir Aubrey Lewis. Each Committee, the Minister said, had appointed working parties to study special aspects of its field, such as the psychopathic personality, the value of drugs in psychiatry assessed by clinical trials, and the use of national statistics of mental disorder. In reply to a question by Dr. Johnson, the Minister said that of the total funds available to the Medical Research Council in 1960/61, the percentage spent on mental health research was 4.7. In 1956/57, the percentage was 2.3.

#### *Children in Mental Hospitals*

Mr. Norman Dodds drew attention, on March 6th, to the case of a 14-year-old girl who had been sent to Warlingham Park Hospital and placed in an adult ward. Whilst paying tribute to the doctors and nurses concerned, he felt it lamentable that other facilities were not available.

#### *Crime*

On February 16th, Dr. Johnson asked the Home Secretary what steps were being taken for the special protection of children in the light of the recent series of child murders. Mr. Renton said that all Metropolitan Police Officers and particularly women officers were on the alert to protect children as part of their normal duty and that they gave special attention to places where children congregate. The police elsewhere exercised a similar vigilance.

On the same day, Commander Kerans asked whether in view of the increased number of murders in recent weeks, the Home Secretary would consider revision of the Homicide Act. Mr. Gresham Cooke asked that such amendment should include the death penalty for those "committing murder while committing sexual acts", and Sir Thomas Moore asked for immediate legislation so as to include killing by rape within the category of capital murder.

The Home Secretary replied that he was not convinced that any amendment of the Homicide Act would be appropriate at present.

### *Mental Health Review Tribunals*

In reply to a question on March 20th, it was stated that so far the number of applications to these Tribunals under the Mental Health Act had been 85. Their geographical distribution ranged from one in East Anglia to ten in Birmingham and eleven in the North West Metropolitan Region. In the Newcastle Region there had been none. From Rampton thirteen applications had been received, and from Moss Side there had been three.

### **PRESS**

Recent articles, as distinct from straight reporting of mental health events, have shown a curious medley of the sensational, and the superficial and of serious attempts to assess information and present it to the public.

On March 9th, *Time and Tide* inserted some sensational advertisements in the national press with the caption "Ten to One You will Go Mad". Heralded by this basic ignorance of the difference between odds on and odds against—which led Michael Frayne in the *Guardian* to recommend that the owner of the paper might spend a penitential season as a bookmaker—came a six-page article entitled "How to Go Mad". Against the article and the advertisements, the National Association for Mental Health and other organisations protested. Educating the citizen about his own health is an excellent idea, but it has its dangers; for any statements made may prey on existing fears and prejudices and bring them to the surface without helping their possessor to deal with them in any way. Every writer and editor thus has the responsibility of selecting what he publishes and considering it from this angle. No doubt honest mistakes are always possible and must be accepted. Sheer sensationalism is to be deplored. How much harm has been done in this case can only be guessed at, and the fact that the journal containing the article was flourished by an epileptic who had suddenly had a recurrence of fits after reading it, is probably not a fair measure of judgement. The article was written by an author "son of a doctor who had considered becoming one". Perhaps he is doing his best to remove ignorance, and perhaps the blame lies more on the fearsome illustrations and shocking sub-titles than on the actual writing. Thus "A Hundred to One you are a Schizophrenic" is the heading above a paragraph which says: "Approximately one per cent of the total population is schizophrenic." But this sentence goes on: "and the disease accounts for some 5 per cent of the mentally ill", which seems to mean that one in five of the population is mentally ill. Later the author is aware that "there is a tendency when reading about and discussing madness to start imagining that one is mad oneself. Omitting for the moment

the ten to one chance that this is in fact so . . ." What *does* this mean? Can it be anything but alarming and confusing?

Another series of perhaps well intentioned articles were published in the *Sunday Pictorial* in February. As a prelude to descriptions of the work of a particular day hospital, the public were told that all kinds of patients, including some who are potentially dangerous, are being given freedom to live outside hospitals. Throughout the articles ran repeated references to patients' phantasies of, and impulses to, violence and sexual assaults. The concluding article contained the statement that "mental sickness is so widespread that some psychiatrists estimate that seven out of ten people in Britain need treatment." It continued: "Revolutionary treatments and successful experiments have made Britain the most advanced country in the world as far as knowledge of mental illness is concerned. These new treatments, however, are used only at a few centres." From the general content of the articles it appeared that the sources whence the material was drawn were very limited.

The *Daily Express* in an article headed: "Are these Men to Blame for the Crime Wave?", featured a cartoon depicting a woman being coshed by a teddy-boy bag snatcher, with two black-coated men rushing up with a sofa labelled "Best Psychiatrists' Couch" and exclaiming "Quick! Help! Come to the aid of a poor, maladjusted, misunderstood young man!" The article was highly critical of the present day position of psychiatrists. "From being a handful of men struggling bravely, through trial and error, to tackle disorders about which little is known (and indeed perhaps never will be known), they have become a new ruling class. They have become the psychocrats. Because their day to day work involves the morals of their patients, the psychocrats have assumed authority over the moral policies of the entire nation."

*Today* in an article on sexual assaults on children contained some wise advice from a psychiatrist on how to warn young children not to accept car rides from strangers or to go with strange men. The article said that these sexual offenders were many of them borderline or certifiable mental defectives and that perhaps we should be alarmed that so many unstable people with anti-social traits spend part of their time as voluntary patients in mental hospitals when, for their own protection alone, they should be taken out of the community. The next issue of the paper contained a sensational article about the detention of a man in Calderstones Hospital for 22 years, and printed a letter from the Board of Control stating that the patient "is a feeble-minded person with a severe defect of intelligence who, in addition, is aggressive and obstinate. He still requires the care and supervision provided by the hospital and is unfit for community care even for a short period." Nevertheless, considerable space was given to the man's own story and the efforts of his family and others to obtain his release.

Reference was made to the review now proceeding of the cases of all patients in mental deficiency hospitals and it was said that when this was completed it is likely that over 2,000 of them will be free to come under the new "informal" patient classification—free to leave if there are facilities for them outside. "And as the efficiency is stepped up, the mistakes of the past will be rectified—if it is possible to rectify a mistake that can carve 22 years out of a man's life."

One cannot, of course, comment on the merits or demerits of the particular case quoted—but the press really cannot have it both ways, one week urging that far more people should be locked up and the next claiming that far too many are unjustly detained.

[The writer is optimistic here. Some of the press have been known to have it both ways.—Ed.]

On the constructive side—the *Daily Express* published an article pleading for greater public tolerance of the establishment of Homes and Training Centres for mentally handicapped children. In general, the tone of press comment on two projects—a London hospital's proposal to open a Convalescent Home for such children in Bognor Regis, and plans for a Training Centre to be opened in Stourport—has been understanding and sympathetic.

Editorial comment on the speech of the Minister of Health at the N.A.M.H. Conference in March has supplemented widespread reporting. The *Sunday Times*, in a leading article stressed that the last ten years have witnessed an unprecedented advance in the treatment of the mentally sick and a revolution in the community's attitude to them. Commenting on the Minister's suggestion that by 1976 some 75,000 beds now filled with mental patients would be freed for other purposes it concluded "Government inertia is often blamed for frustrating progress; we should not cavil when, instead, Government leads the way."

The *Spectator* published Professor Titmuss' paper in full. In a leading article in the same issue great stress was laid on the need for the training of staff. "Community care requires an army of trained welfare officers if it is to be done properly; and at present it is only a skeleton army, heavily overworked, and wretchedly paid." It commented that much of the work now done by psychiatrists will have to be transferred to general practitioners "few of whom have more than the sketchiest training in psychiatry or in the social and family problems which will arise" and while thinking that a Royal Commission might not be the ideal way to examine this problem some investigation is urgently needed, "for if the minister believes that the G.M.C.'s recommendations in 1957 'took full account of the need for expansion in psychological medicine', he can believe anything". The *Guardian*, in a leader on March 21st again took up the need for training and hammered home the need for implementation of the Younghusband Report.

## **BROADCASTING**

### **B.B.C. Television**

A new series of five *Lifeline* programmes, on the subject of hypnosis and the unconscious, started on February 10th. The first three programmes were designed to demonstrate that hypnosis provides a valid method of exploring the unconscious mind of man; that freewill can be influenced and prejudice created, and that past events are fundamentally important in shaping our character and attitudes.

A new series of medical television programmes started on March 1st under the title *Your Life in Their Hands*.

*Meeting Point* on February 9th brought Paul Johnson, George Lyward and a consultant psychiatrist to the screen to discuss what turns people into criminals and why some things are considered "fair game" and others not.

### **Independent Television**

Granada networked a feature programme *Spare the Rod* on February 8th. Under the chairmanship of Dr. Thomas Bloomer (Bishop of Carlisle), John Connell and Jo Grimond argued the case for and against the return of the cane and the birch.

Associated Rediffusion networked a series of six programmes *The Story of Medicine* including a programme on the working of the brain.

### **Sound Broadcasting**

*Science Survey* in Network Three featured two talks on December 1st and 8th by Leslie Reid of the Department of Psychology, University of Aberdeen, on "Intelligence and Learning". On January 26th and February 2nd it carried programmes by a medical psychologist on "Drugs and the Brain". *Parents and Children*, another Network Three series, on December 1st, included a talk by Mr. Leslie Reid on "Automated Learning". And on February 13th, a discussion between a mother and a psychiatrist on "feeling guilty".

## **News and Notes**

### **Voluntary Help in Psychiatric Rehabilitation**

In *Occupational Therapy*, November 1960, there is described by Miss L. M. Barrett, M.A.O.T., an experiment illustrating one way of using the service of untrained voluntary workers in helping to bridge the gap separating mental hospital patients from the outside community. The hospital concerned was Claybury, Essex: the volunteers were members of the local Baptist Church whose minister was the Hospital's Free Church Chaplain: the patients were long-term cases the majority of whom had been in hospital between 5 and 20 years but who had been selected for the Rehabilitation Ward because it was thought that eventually, with special help and training, they should be able to leave.



As part of the rehabilitation programme, a scheme was instituted under which a group of members of the Baptist Church concerned undertook to receive a patient in their homes, one morning a week to begin with, after a preliminary tea-party held at the hospital so that contact might be made. After nine months the experiment was felt to have proved its value despite inevitable practical difficulties and problems in which hostesses needed help and reassurance from the hospital staff. Fourteen patients had, up to date, been linked with outside families and at the time of writing three had already showed marked improvement. It was also felt to be encouraging that two new hostesses had offered their services following on the example of neighbours and friends.

The writer of the article expresses the hope that other Church groups within reach of mental hospitals, will consider this way of helping.

### **Youth Clubs for the Handicapped**

The movement for promoting clubs for mentally and physically handicapped young people continues to spread, and a "Festival" held last autumn at Bexleyheath, Kent, was attended by over 300 club members and supporters from the Home Counties and from as far afield as Lancashire.

It is the policy of the Advisory Committee to urge that clubs should help in breaking down segregation by catering for both mentally and physically handicapped young people and that every effort should be made to obtain the interest and co-operation of all the relevant local authorities and voluntary organisations in the area concerned.

The Committee is gradually making the movement known in other countries and in at least twelve, a beginning is being made to initiate the forming of clubs.

Enquiries for further information will be welcomed by the Hon. Secretary, Mr. B. J. Millwood, 18 Martin Road, Bexleyheath, Kent.

### **A Mental Health "Study Day"**

From West Ham's Deputy Medical Officer of Health we have received an interesting account of a "Study Day" organised originally by his Authority for the benefit of teaching staff in its own Training Centres. Notification was also sent to the London County Council and to neighbouring authorities in the Home Counties as well as to the Training Centre of South Ockenden Hospital, and—much to the surprise of the organisers—"the demand for places was simply phenomenal" and eventually 160 people attended the event which was held in the West Ham Town Hall, on January 5th.

There were four speakers, after the opening address given by Dr. F. Roy Dennison, West Ham's Medical Officer of Health, covering a wide field, viz.: Dr. Dutton, Consultant Psychiatrist, South Ockenden; Mr. Taaffe, Headmaster of the Gurney Special

School; Mr. Ravenette, Educational Psychologist, West Ham; Dr. J. H. Kahn, Director of the West Ham Child Guidance Clinic.

The success of this experiment bears out the unvarying experience of the National Association for Mental Health, that Training Centre teaching staffs throughout the country are eager to take advantage of every opportunity offered to them for increasing their knowledge and widening their horizon.

### **Enterprise by Mental Hospitals**

In the Annual Report of the Horton Road and Coney Hill Hospitals, Gloucester, there is an interesting account of an industrial project put into operation as the result of an unexpected opportunity.

From the South Western Regional Board one day came the announcement that the Post Office Telephones had several hundred thousand instruments for dismantling. Promptly the services of the hospitals were offered and accepted and in February 1960 the project was launched. One of the occupational therapy huts at Coney Hill and an old ward at Horton Road were equipped with chairs and tables (replaced later with work benches) and soon the Unit was in full swing. At the time of writing the Report, a total of approximately over 200 patients were being employed, working for 5 hours a day from Monday to Friday, and dismantling approximately 3,000 telephones a week. Payment by the Post Office, less 5%, is allocated to the patients, working out approximately at 4/- each per week, which accumulatively will provide a special treat for them. In two smaller industrial units at Horton Road Hospital, about 28 patients were being employed dismantling condemned television sets, and a second unit just beginning would occupy another group in making link mats.

Some of the employed patients have shown very definite mental improvement including those who for many years were looked upon as completely unemployable. The Units are described as hives of activity and the general impression they give is one of cheerfulness.

In the Hospital Services Information Handbook issued recently by the Suffolk Mental Hospitals Management Committee, we read of an interesting innovation in that visiting times at St. Audry's Hospital have been changed to morning and afternoon every week-day, with Sunday visiting only to patients who are seriously ill. Relatives find this concession invaluable and the patients are helped by it correspondingly.

### **W.H.O. and Mental Health**

In October 1960, a press notice was issued about the session of W.H.O.'s Expert Committee on Mental Health, just over.

The Committee decided that research on an international scale, as well as a national one, was a prime necessity if further

advances were to be made in preventing mental illness, and it defined areas of priority for such research, the six highest on the list being: brain function, social attitudes, effects of cultural change, psychoses of the aged, effects of nutrition, and genetic factors. The "psychopathology of the leader" was also suggested to need research into the kinds of stresses which affect policy makers and top administrators in different cultures.

In considering the size of mental hospitals, the Committee thought that experiment and research were still needed to find out what type of hospital best meets the needs of particular groups of patients, e.g. acute, chronic, recurrent, of different ages, etc. Another subject discussed was the "contagion of mental illness" and the part played by the spreading of rumour, anxiety and panic.

An enquiry made before the meeting of the Committee disclosed the fact that out of 32 countries supplying information, only 4 had anything approaching the desirable proportion of one psychiatrist per 10,000 population.

### **Handicapped Children of Service Parents**

Families with fathers in the Royal Navy, the Army and the Royal Air Force are confronted with special problems when posted overseas if there is a handicapped child to be provided for. An Administrative Memorandum (No. 9/60) recently issued by the Ministry of Education at the request of the Service Departments seeks to ensure that the special needs of such a child are met.

The policy of the Departments, which are unable to provide facilities for special educational treatment in Command areas abroad, is to persuade parents, when posted, to leave severely handicapped children in this country. It is essential for this purpose that the Departments should know of such children in advance to give enough time for arrangements to be made. The Ministry has therefore agreed that when the child of a parent serving in the armed forces is found, on examination by a School Medical Officer, to be suitable for admission to a Special School or unsuitable for education at school this information shall be forwarded to the appropriate Service Department (with the parent's consent), on a specially devised form, even though there may be no immediate prospect of the family's being moved overseas.

A similar form will also be used in the case of a child already overseas who is found, on examination, to be handicapped and in the event of a subsequent return to this country it will be transmitted to the appropriate Local Education Authority.

### **Junior Training Centre Hostels**

A great many local health authorities include in their schemes for services under Section 6 of the Mental Health Act, the provision of residential accommodation for children who would otherwise be unable to receive training at any Training Centre. Only

two authorities—so far as we know—have actually provided such accommodation; we are glad to draw attention to them.

The Cumberland County Council opened its hostel in April 1959 at Orton Park, within easy access to the Wigton Junior Training Centre. Out of a total of 39 children admitted since the opening, 17 required short term care during the Centre holidays or because of some domestic emergency, and 22 lived too far away from a Centre to enable them to attend daily. It is noted that no offer of residential accommodation was refused. Most of the children go home at week-ends provided their homes are not too far distant. It is hoped that in future during the long summer holidays, the hostel may also be used for small holiday parties of children and teachers from Training Centres serving industrial areas in the North.

A great deal of attention is being given by the County Medical Officer to the training of hostel staff and at the time of writing an experimental "In-Service" Course of lectures and discussions is being held for the housemothers, assistant matron and matron, in which medical officers, a mental health officer, a psychiatric social worker, an Infants' School Headmistress and a Children's Officer are taking part. Arrangements are also made for a close liaison between the Hostel and the Training Centre staff.

The second Hostel about which we have been supplied with information is in Shrewsbury, run by the Salop County Council. Here, residential accommodation is not provided in a separate building but on the Training Centre premises themselves (formerly a Children's Home). Provision is at present made only for ten children of the same sex, in addition to 33 day pupils, but long term plans include a purpose built Centre for 75 children of whom about 35 will be boarders. All the children go home at the week-end, but considerable difficulty is experienced in obtaining house mothers to look after them out of school hours.

Both these pioneer projects should provide valuable experience in this new field of work. In particular the need for special training courses for the staffs concerned is high-lighted as one of the most urgent gaps to be filled.

#### **The Health of the School Child**

In the Report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959 (H.M. Stationery Office, 10s. 6d.) a chapter is devoted to the "Mental Health of Children" stressing the importance of "prevention" to ensure that the mental ill-health which is responsible for so much distress and failure at school does not develop with its symptoms unrecognised. The factors concerned in the healthy emotional development of the child from birth to adolescence are discussed, with special reference to the needs of handicapped children—particularly those who are mal-adjusted—and to the provisions for "special educational treatment"

which should be available. A section on Child Guidance Clinics discusses their organisation and functions and the part played by specific psychotherapy where this is provided.

A chapter on "Handicapped Children : Developments in 1958 and 1959" records that during these two years, local education authorities have provided a total of 4,737 new places in schools for educationally subnormal children (day : 4,237, boarding : 502), but the waiting list at the end of 1959 was, in spite of this progress, still over 12,000. (This figure, moreover, refers only to children actually ascertained as needing special educational treatment by reason of educational subnormality, and not to the total number of such children—estimated by the Ministry in 1946 as being 10% of the school population.)

In this connection we draw attention to the Winter issue of *Forward Trends*, the organ of the Guild of Teachers of Backward Children, in which there is a report of the results of a questionnaire sent to education authorities, individual members and head teachers of Special Schools covering 50% of England and Wales, asking for information as to methods of carrying out ascertainment, standards adopted for admission to Special Schools and other relevant matters. (Obtainable from the Secretary of the Guild, 125 High Holborn, London, W.C.1, price 2s. 6d.)

In the Ministry's Report, reference is made to the opening by the Hampshire Education Authority of a residential diagnostic unit and special school for children who on reaching school age are "doubtfully educable". This, together with the London County Council's boarding special school at Hayling Island for young E.S.N. children was—at the time the Report was being compiled—the only experiment of the kind so far made.

## Reviews

**Hysteria: Reflex and Instinct.** By Ernst Kretschmer. Peter Owen Ltd. 30s. 162 pp.

Hysteria is still too little understood, and too much the subject of loose thinking, even by psychiatrists. Any attempt to clarify our knowledge is therefore welcome : and the more so, when it is backed by an experience and an erudition such as Dr. Kretschmer's. And indeed we can cordially recommend his book to all doctors, who will find his concepts very helpful for themselves, and (in some cases) possible to explain to their patients.

The style of the book, however, varies a great deal, ranging from extreme lucidity to complicated jargon, and words which are nonsensical as they stand. This must presumably be blamed on the translators, or even the printers' reader, and not on the author; but it does detract considerably from the pleasure of reading.

R. F. TREDGOLD.

**Clinical Child Psychiatry.** By Kenneth Soddy, M.D. Bailliere, Tindall & Cox, London. 42s.

The clue to both the limitations, and to the much greater values, of this most important new book can be found in the Author's intentions, as outlined in his Foreword.

In the light of his considerable experience of seminars, Dr. Soddy suggests that a text-book could be compiled which would be both valuable, and understandable, to a wide range of professional workers; these would include not only the experienced worker in a Child Guidance Clinic, but also Medical Practitioners and Students, Health Visitors, Social Workers and the like. But the printed word cannot provide the opportunity for "feed back", or for the overcoming of resistances and misunderstandings, which a seminar can give. Certainly a good deal of this book needs considerable clinical experience, and basic theoretical knowledge in this field, for its real understanding. On the other hand, the overtly simple, clear presentation of the material may cause some "experts" to feel that they have nothing new to learn from this book. This would be far from the truth; for beneath this apparent simplicity lies a great deal of new and constructive thinking on many aspects of Child Psychiatry. Consequently, in the present reviewer's opinion, this is a book especially for the advanced student, or for the Child Guidance worker with considerable clinical experience.

In common with general medical textbooks, most publications on adult or child psychiatry stress the pathological aspects and the abnormalities. Dr. Soddy, by contrast, bases his whole book on normal growth and development; and the deviations are skilfully discussed in their relationship to this normal basic development. This emphasis on normality is most refreshing; and this, of itself alone, would make this a most important contribution to the literature, and go far to justify Dr. Soddy's ambitious aims for his book.

There are other values also. Dr. Soddy uses descriptive clinical material most skilfully to illustrate his theme. And he integrates most successfully (and, in this field, this is far from common) the psychodynamic, constitutional and reality factors in development and deviation.

The weakest section of this book is Part IX on "Child Guidance". This contains, rather surprisingly, the author's attempt to classify the various clinical syndromes. Although his classification is a considerable advance on many previous attempts, Dr. Soddy does not quite succeed in what is undoubtedly a most difficult task. The rest of this section, too, is much the most superficial part of the book. But when this criticism has been made, it must be emphasised that, even in its weakest sections, this book reaches a high standard. And, in general, it can be said without any hesitation that it represents a new and important turning point in the teaching and understanding of child psychiatry.

T. A. RATCLIFFE

**Mental Health Services.** 3rd Edition. By A. H. Edwards, Barrister-at-Law, County Mental Health Officer for Somerset. Shaw & Sons. 95s.

This volume, technically a new edition of its predecessor by F. B. Matthews, comprises not only the text of the Mental Health Act with annotations but also eleven "introductory" chapters discussing its main provisions in the light of the general historical and social background. Thus, for example, we are reminded that in the reign of Edward II there was a Statute whose object (interpreted in modern English) was "to protect the lands of idiots" (i.e. "natural fools") and "to provide for the safe keeping of the lands and tenements of lunatics" (i.e. "persons of unsound mind")—a legislative distinction made between the two groups which was maintained throughout the centuries until the term "mentally disordered" was evolved merging them into one. And—to take another example—it is noted that the ancestry of the Mental Welfare Officer dates from 1601 when his predecessor was appointed as a Parish Overseer under the Poor Relief Act of Elizabeth I.

Anyone who has tried to write a summary of the Act knows how impossible it is to keep to chronological order so far as its Sections are concerned, and Mr. Edwards has simplified the task of the reader by dealing with it instead in his introductory chapters under clearly defined headings, viz.: "The Patient" (definitions and terminology, with provisions affecting his status as a result of having been termed "mentally disordered"); "The Central Authority" (powers and duties of the Ministry of Health, Regional Hospital Boards, Hospital Management Committees, the Home Secretary and the Courts); Local Authority Services (with a valuable subsection on the powers and duties of the mental welfare officer); "Hospital Treatment and Guardianship", "Criminal Proceedings", Patients' Property, Mental Health Review Tribunals, and the various miscellaneous provisions in Part IX, with notes on the Sixth Schedule (the most complicated of all) dealing with "Transitional Provisions". Each of these chapters includes comments and explanatory material.

Then follows the annotated text of the Act itself, presented as an Appendix, and lastly there are other Appendices giving the full text of Ministerial Rules and Regulations, Departmental Circulars and Memoranda.

This is a book which will become the new Bible of administrators, mental welfare officers and officers of all the authorities who have duties and responsibilities under the Act, and despite its inevitable high cost, it will have to be acquired by them as an indispensable work of reference. In a different context, medical and social science students and general social workers will find in its introductory chapters just the kind of background information they need



when required to come to grips, theoretically or practically, with the mental health service wearing its 1959 New Look.

The author is surely to be congratulated in finding time in the midst of a busy professional life, to make such an outstanding contribution to the whole mental health movement.

A. L. HARGROVE

**The Mental Health Act, 1959.** By S. R. Speller, O.B.E., LL.B.  
Institute of Hospital Administrators, 75 Portland Place,  
London, W.1. 13s. 6d.

This is another recent publication on the new Act, reproducing a series of articles in *The Hospital*, written during 1959-60, and made available in book form in response to many requests received. It does not attempt to be a complete and comprehensive guide to the Act; the full text of every section and of every Regulation is not reproduced, reproductions of the Circulars are not included.

It is intended to be read in conjunction with the Act itself, but as an explanatory guide with a useful index to the subjects dealt with, it should be of practical help as it stands, to mental welfare officers and hospital staffs as well as to members of local health authorities and hospital management committees required to become familiar with the new legislation insofar as it affects their own work.

A. L. HARGROVE

**Area of Residence of Mental Hospital Patients.** General Register Office, London (H.M.S.O.), 1960. Studies on Medical and Population Subjects No. 16. 15s. 6d. iv+177 pp.

The latest volume in this admirable series is a new departure for the General Register Office. From previous reports we have been able to get the collated figures for England and Wales of mental hospital admissions. In this book admission figures for 1957 are given separately for each county and county borough and the metropolitan districts of London, in broad diagnostic groups, broken down for age and sex. Local rates can be obtained by relating these figures to the Registrar General's Annual Estimates of the Population of England and Wales and of Local Authority Areas. Those concerned directly with mental hospital administration and medical officers of health can see how admissions in their areas compare with others or with the county as a whole.

The usefulness of the book, which is of course almost entirely composed of tables, would have been increased if space could have been found for the inclusion of these rates as their calculation by readers will be tedious. The crude admission totals unrelated to population size are, by themselves, of considerably less value than rates. Nevertheless the essential facts are there. Statistics are leaden stuff until one starts looking for facts; then they become gold and this new venture in refining from Miss Brooke's department at the General Register Office is much to be applauded.

W. I. N. KESSEL



**The Student and Mental Health: An International View.** (Proceedings of the First International Conference on Student Health, Princeton, New Jersey, September 1956.) H. K. Lewis for W.F.M.H. 35s. xxv+495 pp.

In planning this first international conference the organisers limited the delegates they invited to those from countries where something was being done specifically for student mental health. This meant that only ten countries were represented. But if then this world survey does not range from China to Peru, at least it includes Costa Rica and the Philippine Islands. The former, the smallest country taking part, has one university of 2,400 students; the latter is not, of course, the largest but a country with a complicated geography, an enormous student population and many universities, one alone of which contains 21,000 students.

From what is written here it is impossible to form a consistent picture of the mental health of the world's students. It will seem to vary according to the ten cultural viewpoints of the purpose of a university briefly hinted at in this book. These range between the extremes taken by France and the United States; the latter emphasising the training of character, the former the sharpening of the intellect as the aim of higher education.

The book is full of suggestions as well as opinions. One of the most valuable, practically speaking, of the ideas put forward is the late Leo Berman's use of psychological groups among the staffs of colleges to investigate the dynamics of problems which arise in teaching. For the general reader perhaps the most interesting chapter is H. B. M. Murphy's account of three different cultural groups, Chinese, Indian and Malay, adapting to an English pattern of education in Singapore.

Approaching its subject from so many aspects and recording the opinions of so many authorities this book is bound to be something of a rag bag as all symposiums and reference books are, but, as with such things, it is full of interesting finds. Thus:—

"These illustrations should be sufficient to show that culture has a marked effect on student mental health. It is legitimate to ask, however, whether this effect goes deeper than simply altering the form of breakdown." (Murphy, p. 216.)

"It appears to me that the 10 to 20 per cent of students seen in the college health clinic are perhaps the most fortunate students in the college, because college has involved them enough to be able to pull the rug out from under their feet." (George H. Wilkie, p. 27.)

"We ought to get over the idea that mental health information given to the nation's teachers is going to send everybody into mental hospitals." (O. Spurgeon English, p. 252.)

From the text one gathers that the delegates enjoyed themselves. By the time the next projected international conference takes place, one hopes that representatives of many more countries may participate.

J. C. READ.

## Recent Publications

### *Received for Review*

- OCCUPATIONAL THERAPY IN REHABILITATION.** By E. M. Macdonald and two Contributors. Bailliere Tindall and Cox. 37s. 6d.
- CURRENT PSYCHOLOGICAL ISSUES.** Essays in honour of Robt. S. Woodworth. Edited by G. S. & J. P. Seward. Methuen. 42s.
- NATURE HITS BACK.** By Macpherson Lawrie. The World's Work Ltd., Kingswood, Surrey. 3s. 6d.
- EXPERIMENTS IN PERSONALITY.** Edited by H. J. Eysenck. Vol. 1: PSYCHOGENETICS AND PSYCHOPHARMACOLOGY. 40s. Vol. 2: PSYCHODYNAMICS AND PSYCHODIAGNOSTICS. 40s. Routledge & Kegan Paul.
- THE CARE OF INVALID AND CRIPPLED CHILDREN.** Edited by H. White Franklin. Foreword by Letitia Fairfield. Oxford University Press. 8s. 6d.
- PETER AND PAMELA GROW UP.** By H. W. Tame. Darwen Finlayson Ltd. 7s. 6d.
- COUNSELLING AND SOCIAL WELFARE.** By J. H. Wallis. Routledge & Kegan Paul. 12s. 6d.
- PSYCHIATRIC SOCIAL WORKERS AND MENTAL HEALTH.** Edited by Luther E. Woodward, Ph.D. National Association of Social Workers, 95 Madison Avenue, New York 16. \$1.00.
- DELINQUENT AND NEUROTIC CHILDREN.** A Comparative Study. By Ivy Bennett, M.A., Ph.D. Tavistock Publications. 45s.
- SLEEPLESSNESS.** By Dr. F. R. C. Casson. W. & G. Foyle. 4s.
- THE ANATOMY OF PSYCHOTHERAPY. SYSTEMS OF COMMUNICATION AND EXPECTATION.** By Henry L. Lennard & Arnold Bernstein. U.S.A.: Columbia University Press. London: Oxford University Press. 18s.
- EMOTION: A COMPREHENSIVE PHENOMENOLOGY OF THEORIES AND THEIR MEANINGS FOR THERAPY.** By James Hillman. Routledge & Kegan Paul. 40s.
- ORIGINS OF ALCOHOLISM.** By W. & Joan McCord. Tavistock Publications. 35s.
- THE PSYCHOGENESIS OF MENTAL DISEASE.** By C. G. Jung. Trans. from the German by R. F. C. Hull. Routledge & Kegan Paul. 32s.
- THE CONCEPT OF LOVE IN CHILD CARE.** Convocation Lecture by T. S. Simey. National Children's Homes, Highbury Park, N.1. 7s. 6d.
- MENTAL RETARDATION IN INFANTS AND YOUNG CHILDREN.** By Abraham Levinson, M.D., and John A. Bigler, M.D. Year Book Publishers Inc., Chicago. Distributors in U.K., Interscience Publishers Ltd. 60s.
- RELUCTANT REBELS. RE-EDUCATION AND GROUPS PROCESS IN A RESIDENTIAL COMMUNITY.** By Howard Jones. Tavistock Publications. 30s.
- THROUGH THE BARRIERS OF DEAFNESS AND ISOLATION.** By Boris V. Morkovin, Ph.D. University of Southern California. Macmillan. 31s. 6d.
- TEACHING THE MENTALLY RETARDED CHILD.** By Natalie Perry. U.S.A.: Columbia University Press. London: Oxford University Press. 48s.
- COMMUNITY AS DOCTOR. NEW PERSPECTIVES ON A THERAPEUTIC COMMUNITY.** By Robert Rapoport. Introduction by Dr. Maxwell Jones. Tavistock Publications. 42s.
- AN APPROACH TO OLD AGE AND ITS PROBLEMS.** By Margaret Neville Hill, C.B.E. Oliver & Boyd. 15s.
- PATHS OF LONELINESS.** By Margaret Mary Wood. Columbia University Press. London: Oxford University Press. 12s.
- EXPERIENCES IN GROUPS AND OTHER PAPERS.** By W. R. Bion. Tavistock Publications. 20s.
- I COULD A TALE UNFOLD: VIOLENT? HORROR AND SENSATIONALISM IN STORIES FOR CHILDREN.** By P. M. Pickard. Tavistock Publications. 25s.

- LAW FOR THE RICH. A PLEA FOR REFORM OF THE ABORTION LAW. By Alice Jenkins. Gollancz. 15s.
- RORSCHACH PSYCHOLOGY. Edited by Maria A. Rickers-Ovsiankina. John Wiley & Sons, London and New York. 68s.
- COMMUNICATION ON CONFLICT CONFERENCES: THEIR NATURE, DYNAMICS AND PLANNING. Edited by Mary Capes. Tavistock Publications. 30s.

*Reports, Pamphlets, etc.*

- MENTAL RETARDATION. Proceedings of the First International Medical Conference, Maine, July 1959. Grune & Stratton, Inc., 387 Park Avenue S., New York 16.
- NORTHERN IRELAND HOSPITALS AUTHORITY, 12TH ANNUAL REPORT FOR YEAR ENDED 31ST DECEMBER 1959. 27 Adelaide Street, Belfast 2. 3s. 6d.
- UPROOTING AND RESETTLEMENT. Papers at 11th Annual Meeting of World Federation for Mental Health, Vienna, August 1958. 10s.
- UNESCO: ORGANISATION OF SPECIAL EDUCATION FOR MENTALLY DEFICIENT CHILDREN. (Information collected by Research Division of International Bureau of Education, Geneva.) 15s.
- CASEWORK ADMINISTRATION, A PATTERN FOR THE FUTURE. By Muriel Cunliffe. Association of General & Family Caseworkers: Publications, 59 Middleton Square, E.C.1. 1s. 9d. post free.
- WORLD HEALTH ORGANISATION: CHILD GUIDANCE CENTRES. By D. Buckle & S. Lebovici. H.M.S.O. (Monograph Series No. 40). £1.
- STUDIES IN EDUCATION: PARENT EDUCATION, AN INTERNATIONAL SURVEY. By H. H. Stern. University of Hull with UNESCO Institute for Education, Hamburg. 6s.
- THE SOCIAL EPIDEMIOLOGY OF MENTAL DISORDERS: A PSYCHIATRIC SURVEY OF TEXAS. By E. Gartly Jaco. Russell Sage Foundation, 505 Park Avenue, New York 22. \$3.50.
- STUDIES IN MEDICAL AND POPULATION SUBJECTS. No. 16. Area of Residence of Mental Hospital Patients. H.M. Stationery Office. 15s. 6d.
- PRISON AFTER-CARE: Charity or Public Responsibility? By Pauline Morris, Fabian Society, 11 Dartmouth Street, S.W.1. 3s.
- MEDICINE, SCIENCE AND THE LAW. Official Journal of the British Academy of Forensic Sciences. Vol. I, No. 1. October 1960. Sweet & Maxwell. 17s. 6d.
- AGEING: ITS CHANGES AND ITS PROMISE. Report of the "Care of the Elderly" Conference, Blackpool, 1960. National Old People's Welfare Council, 26 Bedford Square, W.C.1. 5s.
- HELPING THE ELDERLY TO LIVE AT HOME. By Dr. Kenneth Hazell. Central Council for Health Education, Tavistock House, W.C.1. 2s.
- A SHORT GUIDE TO SOCIAL SURVEY METHODS. National Old People's Welfare Council. 2s. 6d.
- WOMAN, WIFE AND WORKER. Problems of Progress in Industry, No. 10. Dept. of Scientific & Industrial Research. H.M. Stationery Office. 2s.
- MEDICINE ON RADIO AND TELEVISION. Memorandum of Evidence submitted to Committee on Broadcasting. British Medical Association, Tavistock Square, W.C.1. 2s. 6d.
- ABSENCE FROM WORK—INCIDENCE? COST AND CONTROL. British Institute of Management, 80 Fetter Lane, E.C.4. 10s. 6d.
- SCOTTISH HEALTH SERVICES COUNCIL. Mental Health Services of Local Authorities. H.M. Stationery Office. 1s. 9d.
- THE BRISTOL SOCIAL ADJUSTMENT GUIDES WITH DELINQUENCY PREDICTION INSTRUMENT. By D. H. Stott, M.A., Ph.D. University of London Press. 1s. 9d. Questionnaire, 3d.
- HOSPITAL VISITING. MANUAL FOR MEMBERS OF HOSPITAL MANAGEMENT COMMITTEES AND HOUSE COMMITTEES. King Edward Hospital Fund, 34 King Street, E.C.2. 2s. post free.

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Visiting Psychiatrist: H. S. Gaussen, M.R.C.S., L.R.C.P.

Resident Psychotherapist: Mrs. H. Irene Champernowne, B.Sc., Ph.D.

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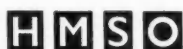


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Admissions to mental hospitals in England and Wales in 1957, analysed by area of residence, diagnosis, sex and age, published for research workers, Medical Officers of Health and others studying the pattern of the incidence of disease. (*Studies on Medical and Population Subjects No. 16*). 15s. 6d. (post 9d.)

Earlier statistics can be found in the following supplements to the Registrar General's Statistical Review of England and Wales:

Supplement on Mental Health, 1952-3.

Supplement on Mental Health, 1954-6.

Each 11s. 6d. (post 8d.)

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Spring 1961

# NEWS LETTER

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## **Residential Services**

### *Parnham*

The Provisional Management Committee, under the chairmanship of Dr. W. J. Kimber, has now met twice and is gradually taking over responsibility for the day to day running of our home for mentally infirm old ladies. The new Deputy Warden (Mrs. Grey, S.R.N.) took up her duties at the end of March. We should like to pay a warm tribute to the Warden, Miss Sibbald, who since August 1959 has given the Home outstanding service and who never lets herself be daunted by the various crises which inevitably arise from time to time in all residential work.

### *Orchard Dene*

One of the problems which the Management Committee of this Short Stay Home is trying to solve is that of low occupancy during most of the year, which makes efficient and economic staffing during periods when it is only half full, a very difficult achievement. During the holiday season, on the other hand, there is a great demand for vacancies and we are once again fully booked to the end of August.

We were delighted to receive from the girls of Form VI D at the North London Collegiate School a gift of children's frocks made for their Founder's Day which the Matron will find most useful.

### *Holiday Homes*

Our two Homes, at Rhyl and Bognor, are fully booked for this season. At Rhyl we have had a considerable amount of work done to improve the toilet and washing facilities, and at Bognor we have welcomed Mr. and Mrs. McDade as Superintendent and Matron—both from St. Margaret's Hospital, Birmingham—in succession to Miss Brankin whose retirement we announced in our last issue.

### *Duncroft Approved School*

H.R.H. The Duchess of Kent paid an informal visit to Duncroft on the afternoon of March 2nd. She was met by the Chairman (Lady Norman), the Vice-Chairman (Dr. Warren) and the Headmistress (Miss Margaret Jones). Touring the school she spoke to all the girls and mistresses at their various occupations and after meeting seven of the local Managers, Miss Francis (a Home Office

Inspector) and the School Medical Officer, she stayed for tea with the Managers and Staff. Her Royal Highness showed great interest in present and future plans and it is hoped that she will be able to open the new building—a classroom block with staff quarters—now being planned. A hostel to take eight girls and two staff to be built in the grounds has already been approved, and negotiations are in hand to sell Edgworth House, the former hostel at Clewer, Windsor.

The School is still looking for a full-time qualified teacher, as Mrs. Fisher left at Christmas on her appointment as Head of the Magdalen Classifying School.

Two performances of "Tobias and the Angel" were given by the girls to audiences of local friends, in January.

#### *A Northern "Duncroft"*

The Executive Committee, in consultation with the Northern Committee has accepted an invitation from the Home Office to undertake in the North of England to open a second Approved School for girls to be run on the same lines as those of "Duncroft". It will be managed by the Northern Committee through its own Residential Services Sub-Committee and the Duncroft Management Committee will be ready to give advice based on its own experience of the last ten years.

#### *Fairhaven Hostel, Blackheath*

All the 23 boys at present in residence are in regular jobs. In recent weeks we have, in fact, been able to book them for new boys even before their arrival and we hope this satisfactory state of affairs will continue.

#### *Fairlop House Hostel, Leytonstone*

Fifteen girls are at present resident and five more are to be admitted shortly. The hostel is now finally established and running smoothly. More and more local residents are getting to know it and making contributions to its success. Job finding is not so difficult as had been anticipated, largely due to the excellent service always readily given by the staff of the local Youth Employment Officer. Some girls will be ready to leave shortly and lodgings are already being sought in the area.

A Research Worker will be appointed in the near future to study and analyse material emerging from these two Hostel Projects. This appointment is possible because of a generous grant from the City Parochial Foundation—who have undertaken to make up to £5,000 available for the research. It will be remembered that the Foundation sponsored the original scheme, and Sir Donald Allen (Clerk to the Trustees) has taken a personal interest in both Hostels.

#### *Hostel for Maladjusted School Leavers*

The project to open a hostel for this new group of boys, for which a generous grant has been received from the Buttle Trust, is

being delayed owing to the difficulty of finding a suitable house in the Metropolitan area, despite much searching. Any suggestions or information which might put us on the trail of one, would be gratefully received.

### **Inter-Clinic Conference**

There was an increased attendance at this year's Conference, which totalled 414. The speakers included Mr. Donald Ford (Juvenile Court magistrate), Dr. Peter Scott (Consultant Physician to the Maudsley Hospital and psychiatrist to the L.C.C. Remand Homes)—both of whom were members of the Ingleby Committee—and Mrs. Anneliese Walker, psychiatric social worker attached to the L.C.C. School Health Services. Dr. Edward Glover was in the chair.

We were honoured by the presence of H.R.H. The Duchess of Kent who came to the first meeting and joined the Social which followed it.

There was an interesting exhibition of work by the boys of Stamford House Remand Home and Classifying Centre, and two films were shown—"The Retarded Child", made by the psychologist of the Harrow Child Guidance Centre for teachers of retarded children, and "Nine to Four", about school life, made by schoolboys.

### **Conference on the Ingleby Report**

The N.A.M.H. is making preliminary arrangements for a Conference on this subject, to be held at The Friends' Meeting House, London, N.W.1, on Wednesday, 15th November. Particulars may be had from the Social Services Department, at 39 Queen Anne Street. Although the date is so far ahead, early application is advised as the number will be strictly limited to 250.

### **Staff News**

#### *Headquarters*

At Easter we said a regretful goodbye to Miss Marjorie Bird, Assistant General Secretary in charge of financial and administrative matters, who has left us to live in Devon. Many of our members will have been in contact with her from time to time as her work had wide ramifications, and the staff at Queen Anne Street will cherish happy memories of the various and diverse ways in which she served the office, both personally and professionally. Her going is accompanied by many good wishes for congenial work and happiness in her new home.

In Miss Bird's place we have welcomed Miss Philippa Trew.

Another new member of the staff is Mrs. M. Stevens, who has taken the place of Miss Ross Hogg as tutor to our Manchester Diploma Course.

#### *Northern Office*

Mrs. Wendy Hall has joined Mrs. Callaway's staff as Administrative Secretary, Education Department, in succession to Miss Gwilliam.

A notable new appointment to the staff is that of Mr. F. Harrison as Regional Officer for Local Associations in the Northern area.

### **News of Local Associations**

*Birmingham.* The inaugural meeting of the Birmingham Association for Mental Health was held at Monyhull Hall Hospital on March 29th. The initiative in forming it has been taken by Dr. Charles Davies, a general practitioner who saw the N.A.M.H. stand at the London Medical Exhibition last October and decided it was quite time Birmingham had a Local Association.

*Blackpool.* The newly formed Blackpool and Fylde Association has kindly undertaken to help with the N.A.M.H. bookstall at the Royal Society of Health Congress which is taking place as we go to press.

*Buckinghamshire.* This Association is helping with the Mental Health National Appeal Flag Day to be held throughout the country on July 15th.

*Dagenham.* The Association here held its first Annual General Meeting on March 29th. The speaker was Dr. Russell Barton, M.B., M.R.C.P., D.P.M., Physician Superintendent of Severalls Hospital, Colchester. Activities during the year have included the setting up of a Club for Ex-Patients meeting weekly; arranging for a number of friendless patients in the hospital to be "adopted", and carrying on a sustained public information service of press publicity, meetings and film shows.

*Durham.* After many years, this Association has unfortunately been dissolved, largely on account of being unable to find a secretary and other active officers.

*Friern Barnet.* The initiative here was taken by the Council of Social Service and an inaugural meeting to form a local association was held on March 2nd, with Dr. T. P. Rees and Mrs. Halpin as chief speakers.

### **Manchester—Conference on "Alcoholism"**

On March 22nd, a very successful conference on this subject, organised by our Northern Office, was held in Manchester, for members of Local Associations. The speakers were Dr. P. M. Smith-Moorhouse and two members of A.A. who were joined subsequently in an Open Forum by Dr. A. A. Martin (Consultant Psychiatrist, Westmorland). A film "To your Health" was shown. The programme proved to be instructive and stimulating arousing lively discussion.

### **Northern Local Appeals Activities**

In January, Mrs. Kenneth Hargreaves held a most successful coffee morning at her home, Castle Garth, Wetherby, which resulted in £72 being raised for the work of the Northern Branch.

Arrangements are now well advanced for an original enterprise, initiated by Lady Graham and the members of the Local Appeals Sub-Committee, consisting of the opening of a "*Nearly New*" Shop in premises in a central position in Harrogate (Ashworth Chambers, Prospect Crescent). The shop opens for the first time at the beginning of May, and thereafter will be open on two days a week. Its organisation and running will be entirely in the hands of voluntary workers.

### **National Society for Mentally Handicapped Children**

The Northern Committee has gladly accepted an invitation from the North West Regional Branch of this Society to effect closer co-operation by means of the co-option of Mrs. Callaway as a member of its Regional Executive Committee.

### **World Federation International Congress**

The Provisional Programme of the 6th International Congress for Mental Health, to be held in Paris from August 30th to September 5th, is now available. The speakers include the Director General of the World Health Organisation (Dr. M. H. Candau), the President-elect of the American Psychiatric Association (Dr. Walter E. Barton) and Rajkumari Amrit Kaur, formerly Minister of Health, India. Addresses will be given on the main themes of World Mental Health Year, and there will be seven Working Groups on various topics.

Application forms and further particulars may be obtained from the Ligue Francaise d'Hygiene Mentale, 11 rue Tronchet, Paris 8e.

### **Mental Health National Appeal**

*Mayoral Appeal.* An Appeal to Lord Mayors and Mayors throughout England and Wales for a target of £500,000 as a culminating effort of World Mental Health Year was launched from the Mansion House on March 22nd by the N.A.M.H., the Mental Health Research Fund and the National Society for Mentally Handicapped Children. The Lord Mayor of London was in the Chair and the speakers were: Mr. R. A. Butler, Lord Longford and Lord Monckton. Messages of support were received from H.R.H. the Duchess of Kent, the Prime Minister, the Leader of the Opposition and the Leader of the Liberal Party. About 450 civic leaders were present, as well as representatives of religious denominations, industry and commerce, and voluntary organisations, groups and clubs.

*B.B.C. Television Appeal.* Contributions to Mr. John Freeman's Appeal, though made as long ago as last September, continue to be received and the total now stands at £9,031.

*London Flag Day, 1961.* Plans for the Flag Day to be held on Tuesday, 10th October, are well ahead. Donations from the City (being organised by Lady Monckton) and elsewhere already total £679, as compared with £461 received in such donations during the whole of 1960.

An Afternoon Party for Borough Organisers and Depot Holders is planned for Thursday, July 6th, to be held in the garden of No. 4 Halkin Street, by kind permission of Lord Feversham. Lord Taylor will be the speaker on this occasion. Organisers are still needed for the Boroughs of St. Pancras and Southwark.

*Mistletoe Ice-Skating Session for Teenagers.* For this event, held on April 13th at Queen's Club, Bayswater, 349 tickets were sold. Exhibitions of ice dancing and figure skating were given by International Amateur Champions and £100 was raised for the National Appeal.

Another Mistletoe Ball will be held in December, of which Lady Monckton has agreed again to be President.

### **Doris Odium Prize**

Dr. Doris Odium is a Vice-President of the N.A.M.H., a member of its Editorial Board and closely associated with many other of our activities, and we take special pleasure in informing our readers that the British Medical Association have announced that she has endowed a Prize Fund of £1,000, the income from which is to be devoted to a prize for research or other work in connection with the Mental Health Act. The prize (£80) is to be awarded biennially and is open to any medical practitioner in the British Commonwealth or in the Republic of Ireland.

The first award will be made in 1962, for a study of "progress in the Community Care of Mental Disorder: a critical and constructive review of advances made in this field in the five years ending September 30th 1961, with constructive suggestions".

### **N.A.M.H. Publications**

We have pleasure in announcing that Dr. Harvey Flack, Editor of the *Family Doctor*, has generously agreed to accept the chairmanship of our Editorial Board, with Mr. John Boon and Dr. Doris Odium as members, in addition to Dr. T. P. Rees and Dr. R. F. Tredgold who will serve in an advisory capacity. Important plans with regard to the future of *Mental Health* are under discussion to which we hope to refer in our next issue.

A later number of the Journal will be largely concerned with the question of abortion brought into prominence by Mr. Kenneth Robinson's Bill recently discussed in the House of Commons. The Editor will be glad to receive communications on the subject from any members interested in it.

*N.A.M.H. Guide to the Mental Health Act, 1959.* 2s. 6d. By post, 2s. 9d.

We have had for some time a long waiting list of people in need of a short description of the Mental Health Act, to take the place of our pamphlets on the old legislation which have now had to be scrapped. We can now announce that at the time of writing the new publication is in proof and that it should become available quite shortly. Further advance orders are invited.

*Letter to the Parents of a Mongol Baby.* 1s. 3d. By post, 1s. 5d.

This "Letter", written for us by a Children's Specialist who wishes to remain anonymous, has been widely publicised in the press and by the B.B.C. in two "Women's Hour" programmes. It is primarily intended to be read by the parents of a mongol baby during the first difficult weeks after the news has been broken to them, and we hope also it may be of use to medical officers of health, hospital almoners, health visitors and other mental health workers.

We have had a number of requests for copies from individual parents and from local authorities and a reprint has already been required, but we shall be glad of any help members can give in bringing it to the notice of family doctors.

*Discipline and the Child.* 1s. 8d., post free.

Dr. T. A. Ratcliffe, chairman of our Clinical Services Committee, has written this pamphlet to meet the needs of parents worried about such questions as: "Is it never right to smack a child?" and "The books all say that you should never frustrate a child. Does this mean you must let him do just whatever he wants?" For a long time it has been felt that the problem is one about which the N.A.M.H. should have something to say and we are grateful to Dr. Ratcliffe for saying it for us.

*The Open Window. Poems by Victoria Wignall.* 1s. 6d.

This little book of nature poems is not an N.A.M.H. publication, but the proceeds of its sale are being generously donated by the author to the Association. We have copies in stock which we shall be glad to supply on application.

### **Educational Activities**

The N.A.M.H. training and education programme for the next few months includes the following Courses and Conferences:

#### *For General Practitioners*

Residential Week-End Course in London from May 5th to 7th under the Chairmanship of Dr. T. P. Rees. A further Course on the same subject—"Psychiatry for the General Practitioner"—will follow in November. These Courses are recognised by the British Postgraduate Medical Federation under the Ministry of Health Postgraduate Scheme for General Practitioners.

#### *For School Medical Officers*

A three weeks' Course on the usual lines at Birbeck College, London, beginning on May 1st.

#### *For Lecturers in Colleges and Departments and Institutes of Education.*

Residential Seminar on "Tutorial Responsibilities" at Gipsy Hill Training College, Kingston Hill, Surrey, from September 1st to 10th.

### *For Chaplains*

A residential Study Conference for newly appointed Chaplains in hospitals for the mentally ill and subnormal from October 16th to 19th, in London.

### *For Mental Welfare Officers (Northern Office)*

Our Northern Office is, at the time of going to press, running a pioneer Induction Course for Newly Recruited Mental Welfare Officers, from April 17th to 28th, in Harrogate. (A similar course will be organised by Headquarters lasting from November 27th to December 9th at High Leigh, Hoddesdon, Herts.)

The 1960-61 Refresher Course for Mental Welfare Officers, ended on March 30th with the holding of Part III at Tetley Hall, Leeds. The 1961-62 Course begins on September 4th.

### *For Teachers of the Mentally Handicapped*

The demand for places at the 1961-62 Diploma Courses in London, Bristol and Manchester, as well as for the Course for Instructors of Subnormal Adults in Birmingham, has been very heavy necessitating the holding of a fourth Course which will probably be held in Sheffield.

This year's Residential Refresher Course will take place at the College of St. Matthias, Fishponds, Bristol, from July 27th to August 4th.

### **Annual Conference, 1961**

It hardly seems necessary to comment here on the two important and challenging statements made at our Annual Conference by the Minister of Health and Professor Titmuss which received such wide publicity in the national press.

Members will, however, like to know that the recordings, made through the help of Mr. John Elliott of the B.B.C., at the last session—giving examples of public attitudes to the Mental Health Act and the present development of the Mental Health Services with comments from a panel of speakers,—are available for hire from 39 Queen Anne Street, at a charge of 10s. 6d. The tape has been recorded at  $7\frac{1}{2}$ " per second and may be used on any standard recorder taking spools of not less than 5".

In the current number of "Mental Health", the Editor comments at length on the main issues raised at the Conference, giving extracts from some of the addresses. The full report is in preparation and should be available in a few weeks' time.

### **Northern Ireland**

The First Annual General Meeting of the Northern Ireland Association for Mental Health was held in Belfast in February when Miss Applebey was invited to be one of the speakers. The audience was an influential one including Lady Wakehurst, wife of the Governor-General and now one of our own Vice-Presidents, senior representatives of the Ministries, members of Parliament and the Lord Chief Justice, reflecting the strong backing for the Association which has now been achieved.



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